JICO OIL CONSERVATION COMMIS IN

Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - ALLOWABLE

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent of the allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during condar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					(Place)	M.S.		(Date)
		•			A WELL KNOWN			
RESLE	r & Serid	ON	Wilson Si		, Well No	, in.	Let 6	XX XXX,
-	ompany or Op			(Lesse)		h		
Unit L	Sec.		Ler conter	, R32 same	, NMPM.,	116	***************************************	Pool
	les.		County. Date	e Spudded7:	3158 Da	te Drilling O	capleted	8-7-58
	se indicate l		Elevation		Total Depth	_3896	PBTD	· · · · · · · · · · · · · · · · · · ·
<u> </u>	0 5		Top Oil/Gas Pa	ay 3818	Name of Pro	d. Form. 3	ren Riv	ers
D	CB	A	PRODUCING INTE	ERVAL -				
			Perforations	3818-28 s	ad 3850-74			
E	F G	H	_		Depth Casing Shoe	3806	Depth	3800
	x				Casing shoe	Joyo	Iucing_	
L	KJ	I	OIL WELL TEST					Choke
			Natural Prod.	Test: None	_bbls.oil,	bbls water in	hrs,	min- Size
.,	W	1			Treatment (after reco			
M	N O	P	load oil used): 100 bb1	s,oil,bbls	water in	hrs,	min. Size_3/4'
			GAS WELL TEST	-				
			Natural Drad	Tare Name	MCF/Day; Ho	61	C 1 - 1	
ubing Co	eine and Com	enting Reco	•			_		- 51 ze
tubing Casing and Communing Records				ck pressure, etc.):				
	1				Treatment:		•	s flowed
B 5/8	258	200	Choke Size	Method o	f Testing:	***************************************		
4 1/2	3896	400	Acid or Fractu	ure Treatment (G ive amounts of mater	ials used, su	ch as acid,	water, oil, and
+ 1/2	3090	400	i		vater and 21.00			
			Casing	Tubing	Date first new			•
					50 oil run to tanks			
		1	1					
		-			s Petroleum Com			
emarks:.		••••••		*******************	1/			•••••
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			***************************************			•••••		•••••••
I here	by certify th	at the infe	ormation given a	above is true a	nd complete to the b	est of my kno	wledge.	
pproved	•••••	. ·	31	, 19	RESLER	Company or	<u> </u>	
							V.O.	
0	IL CONSEI	RVATION	COMMISSIO	N	By:	(Signatu	NACO	
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	-	,			NameREST.ER.	SHELDOS		
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